

Fill in this Information to identify the case:

Debtor 1	<u>Adan</u> First Name	<u>Cabrer</u> Middle Name	<u>o</u> Last Name
Debtor 2	(Spouse, if filing) First Name Middle Name Last Name		
United States Bankruptcy Court for the District of New Mexico			
Case number: <u>#21-11143-JJB</u>			

FILED  
at 12:28 o'clock PM

JUN 23 2023

United States Bankruptcy Court  
Albuquerque, New Mexico

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	
Claimant's Name:	
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>2407 E Tierra Verde NW Albuquerque NM 87107</u>

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Application was filed on 06/26/2023 at 10:36:09 Page 1 of 2

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
District of New Mexico  
PO Box 607  
Albuquerque, NM 87103

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 5/10/23

Adan Cabrera / Mercedes Vazquez  
Signature of Applicant

Adan Cabrera / Mercedes Vazquez  
Printed Name of Applicant

2407 Llano Rd NW  
Address:

Alb NM 87107

(505) 987-6543  
Telephone:

1248nm@gmail.com  
Email:

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**STATE OF New MexicoCOUNTY OF Bernalillo

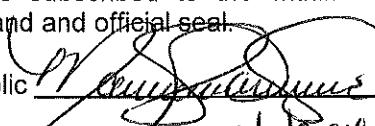
This Application for Unclaimed Funds, dated 5/10/2023 was subscribed and sworn to before me this 10 day of May, 2023 by

Adan Cabrera

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

  
My commission expires 2/28/2024

STATE OF NEW MEXICO  
NOTARY PUBLIC  
Marilyn Gallegos

Commission No. 1114182

February 03, 2024

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: